

Invasive Plant Management Form

Landowner's Name (PLEASE PRINT): _____

Mailing Address: _____

City, State, Zip: _____

Phone/Cell: _____ Fax: _____ Email: _____

Physical Location of Property (with weeds): _____

Legal Description: _____ ¼, Section _____, Township _____, Range _____

- Knowing your property's terrain, water table and soil type will aid you in your evaluation of methods to use for weed control.
- Having a map or drawing of where the weeds are located can prove helpful when weeds are young and actively growing (perfect time for herbicide), but difficult to see.
- Early detection is easier and cheaper on you and your pocketbook.
- Noxious weeds include: Spotted Knapweed, Diffuse Knapweed, Russian Knapweed, Canada Thistle, Field Bindweed, Whitetop, Leafy Spurge, Dalmatian Toadflax, Yellow Or Common Toadflax, St. Johnswort, Sulfur Cinquefoil, Common Tansy, Ox-Eye Daisy, Houndstongue, Dyers Woad, Purple Loosestrife, Tansy Ragwort, Meadow Hawkweed Complex, Orange Hawkweed, Tall Buttercup, Tamarisk (Salt Cedar), Perennial Pepperweed, Yellow Starthistle, Rush Skeletonweed, Eurasian Watermilfoil, Yellow Flag Iris.
- Flathead County has undesirable plants that include: Baby's Breath, Flowering Rush, Creeping Bellflower, Common Yarrow, Common Crupina and Scentless Chamomile

1. Which noxious weeds exist on the property (see above)? _____

2. Please rate the severity of the infestation (severe, moderate, minimal) _____

***NOTE: If property is over 50% infested it is strongly recommended to follow up with reseeding.**

3. Are there any water sources nearby? (lake, pond, river, creek, high well) _____

4. Is your water table low or high? _____

5. Is there any sensitive vegetation nearby? (gardens, alfalfa, mint, orchard) _____

6. What type of soil is involved? (sandy, clay, rocky, etc) _____

7. Number of acres involved: _____ Number of lots involved: _____

8. What methods of weed control/management will be incorporated?

A. Landscaping _____ B. Mowing _____

C. Hand Pulling _____ D. Cultivation _____

E. Revegetation/Reseeding _____ Seed Mix/Rate/Timing _____

F. Grazing (Sheep/Goats) _____ G. Biocontrol (Insects/Fungi) _____

h. Herbicides (please list brand/rate/timing) _____
i. Hiring a contractor (Please list contractor's name/phone and promised date of completion) _____

9. When will the annual work begin (1st year)? Month _____ Year _____
(Work should be done annually before weeds flower). A map of the infestation will help.

10. Follow up year - Year 2: Annual work to begin? Month _____ Year _____
(Work should be done annually before weeds flower). A map of the infestation will help.

11. Work scheduled to be done - Year 2 (Please check all that apply).
A. Landscaping _____ B. Mowing _____
C. Hand Pulling _____ D. Cultivation _____
E. Revegetation/Reseeding _____ Seed Mix/Rate/Timing _____
F. Grazing (Sheep/Goats) _____ G. Biocontrol (Insects/Fungi) _____
h. Herbicides (please list brand/rate/timing) _____
i. Hiring a contractor (Please list contractor's name/phone and promised date of completion) _____

12. Follow up year - Year 3: Annual work to begin? Month _____ Year _____
(Work should be done annually before weeds flower). A map of the infestation will help.

13. Work scheduled to be done - Year 3 (Please check all that apply).
A. Landscaping _____ B. Mowing _____
C. Hand Pulling _____ D. Cultivation _____
E. Revegetation/Reseeding _____ Seed Mix/Rate/Timing _____
F. Grazing (Sheep/Goats) _____ G. Biocontrol (Insects/Fungi) _____
h. Herbicides (please list brand/rate/timing) _____
i. Hiring a contractor (Please list contractor's name/phone and promised date of completion) _____

14. Additional comments: _____

I hereby agree to comply with this plan as stated.

Landowner's Signature: _____ Date: _____

Please return completed plan to: FCWD - 1257 Willow Glen Dr., Kalispell MT 59901.

Comments or amendments to the submitted plan as reviewed by the Flathead County Weed Board:

Approved () or Disapproved () Flathead County Weed Board Date: _____

Signature of Board Representative: _____

Landowner's Signature to amendments of plan by Board's recommendation: _____
Date: _____